

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10568542

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		5				
4		5				
5		5				
6		5				
7		5				
8		5				
9		5				
10		5				
11		5				
12		5				
13		5				
14		5				
15	1	1	1			
16	1	1	1			
17		5		1		
18		5		1		
19		5		1		
20		5		1		
21		5		1		
22		5		1		
23		5		1		
24		5		1		
25		5		1		
26		5		1		
27	1	1	1			
28		5		1		
29		5		1		
30		5		1		
31		5		1		
32		5		1		
33		5		1		
34		5		1		
35		5		1		
36		5		1		
37	1	1	1	1		
38						
39						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			5	5		
TOTAL DEP.		←	33	←	←	
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS						↓